



National Prevention Strategy

National Vaccine Advisory Committee

September 13, 2011

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The Affordable Care Act

**In Addition to Coverage, Quality, and
Cost...**

**Unique Opportunities for
Prevention**

National Prevention Council

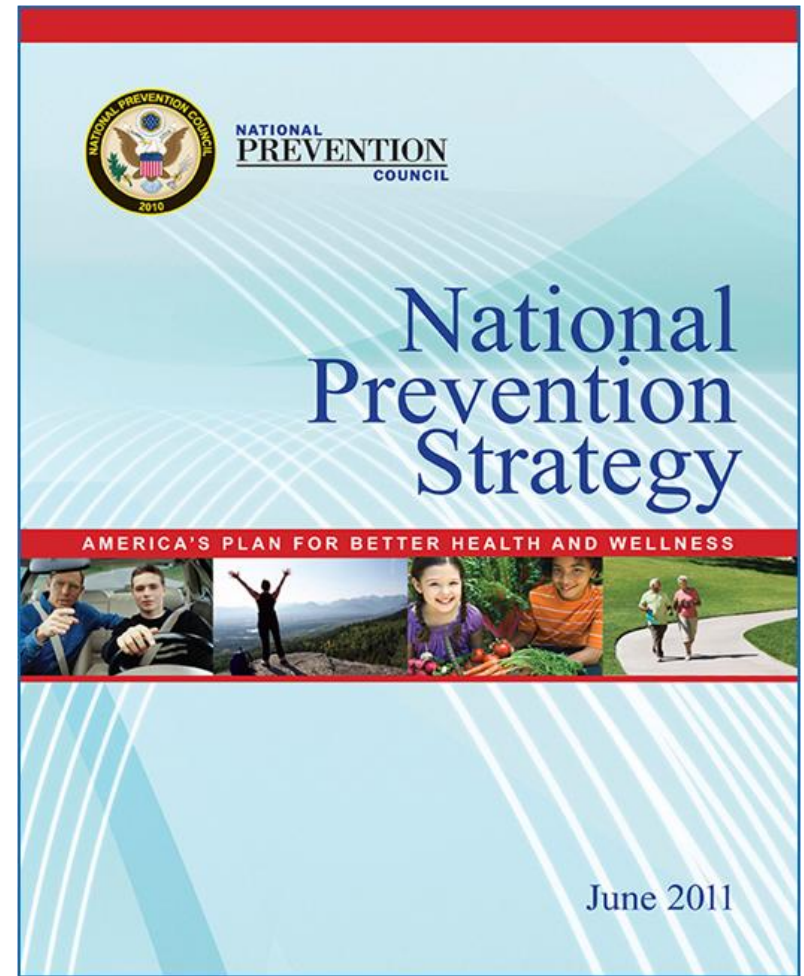
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|--|--|
| Bureau of Indian Affairs | Department of Labor |
| Corporation for National and Community Service | Department of Transportation |
| Department of Agriculture | Department of Veterans Affairs |
| Department of Defense | Environmental Protection Agency |
| Department of Education | Federal Trade Commission |
| Department of Health and Human Services | Office of Management and Budget |
| Department of Homeland Security | Office of National Drug Control Policy |
| Department of Housing and Urban Development | White House Domestic Policy Council |
| Department of Justice | |

Advisory Group

- 17 non-federal members
- Statutory Role:
 - Develop policy and program recommendations
 - Advise National Prevention Council on prevention and health promotion practices

National Prevention Strategy

- Extensive stakeholder and public input
- Aligns and focuses prevention and health promotion efforts with existing evidence base
- Supports national plans



Vision

Working together to improve the health and quality of life for individuals, families, and communities by moving the nation from a focus on sickness and disease to one based on prevention and wellness.

National Prevention Strategy



Healthy and Safe Community Environments



- Clean air and water
- Affordable and secure housing
- Sustainable and economically vital neighborhoods
- Make healthy choices easy and affordable

Clinical and Community Preventive Services

- Evidence-based preventive services are effective
- Preventive services can be delivered in communities
- Preventive services can be reinforced by community-based prevention, policies, and programs
- Community programs can promote the use of clinical preventive service (e.g., transportation, child care, patient navigation issues)



Empowered People



- People are empowered when they have the knowledge, resources ability, and motivation to identify and make healthy choices
- When people are empowered, they are able to take an active role in improving their health, supporting their families and friends in making healthy choices, and leading community change

Elimination of Health Disparities

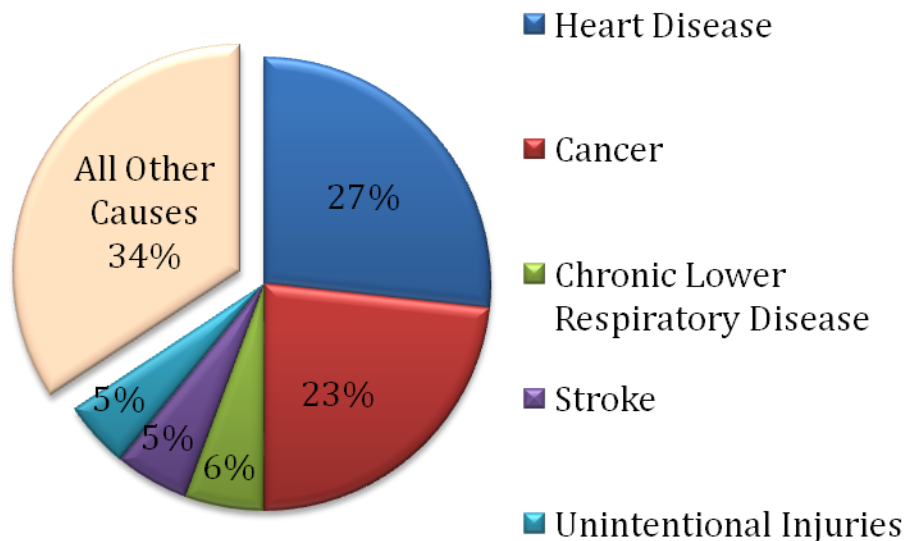
- Health outcomes vary widely based on race, ethnicity, socio-economic status, and other social factors
- Disparities are often linked to social, economic or environmental disadvantage
- Health disparities are not intractable and can be reduced or eliminated with focused commitment and effort



Priorities

- Tobacco Free Living
- Preventing Drug Abuse and Excessive Alcohol Use
- Healthy Eating
- Active Living
- Mental and Emotional Well-being
- Reproductive and Sexual Health
- Injury and Violence Free Living

**Five Causes Account For
66% of All Deaths**



Source: National Vital Statistics Report, CDC,
2008

Recommendations (Example)

Active Living

- Encourage community design and development that supports physical activity.
- Promote and strengthen school and early learning policies and programs that increase physical activity.
- Facilitate access to safe, accessible, and affordable places for physical activity.
- Support workplace policies and programs that increase physical activity.
- Assess physical activity levels and provide education, counseling, and referrals.

Actions (Example)

Federal Government will....

- Promote the development of transportation options and systems that encourage active transportation and accommodate diverse needs.
- Support adoption of active living principles in community design, such as mixed land use, compact design, and inclusion of safe and accessible parks and green space.
- Support coordinated, comprehensive, and multicomponent programs and policies to encourage physical activity and physical education, especially in schools and early learning centers.

Partners Can.... (Example)

States, Tribal, Local, and Territorial Governments

- Support schools and early learning centers in meeting physical activity guidelines.

Businesses and Employers

- Adopt policies and programs that promote walking, bicycling, and use of public transportation.

Health Care Systems, Insurers, and Clinicians

- Conduct physical activity assessments, provide counseling, and refer patients to allied health care or health and fitness professionals.

Individuals and Families

- Engage in at least 150 minutes of moderate-intensity activity each week (adults) or at least one hour of activity each day (children).

NPS Implementation Resources: Indicators/Key Documents

Priorities

Active Living

| Key Indicators | Current | 10-Year Target |
|---|---------|----------------|
| Proportion of adults who meet physical activity guidelines for aerobic physical activity | 43.5% | 47.9% |
| Proportion of adolescents who meet physical activity guidelines for aerobic physical activity | 18.4% | 20.2% |
| Proportion of the nation's public and private schools that provide access to their physical activity spaces and facilities for all persons outside of normal school hours | 28.8% | 31.7% |
| Proportion of commuters who use active transportation (i.e., walk, bicycle, and public transit) to travel to work | 8.7% | 20.0% |

KEY DOCUMENTS

- Physical Activity Guidelines for Americans
- The White House Task Force on Childhood Obesity Report to the President

NPS Implementation Resources: Evidence by Recommendation

| Recommendation | Supporting Evidence-Based Interventions |
|---|---|
| ELIMINATION OF HEALTH DISPARITIES | |
| Ensure a strategic focus on communities at greatest risk. | <ul style="list-style-type: none"> • HP: Increase the number of community-based organizations (including local health departments, tribal health services, nongovernmental organizations, and State agencies) providing population-based primary prevention services in the following areas: injury, violence, mental illness, tobacco use, substance abuse, unintended pregnancy, chronic disease programs, nutrition, and physical activity. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=11 • IOM: Private and public (e.g., Federal, state, and local governments) entities should convene major community benefit stakeholders (e.g., community advocates, academic institutions, health-care providers), to inform them about community benefit standards and to build awareness that placing a priority on diversity and cultural competency programs is a societal expectation of all institutions that receive any form of public funding. http://www.nap.edu/openbook.php?record_id=10885&page=17 |
| Reduce disparities in access to quality health care. | <ul style="list-style-type: none"> • USPSTF: To continue the improvement in the health of the people in the United States, we need to use the complete array of effective prevention tools at our disposal, increase their effectiveness and utilization by connecting them where possible, and systematically apply them at all levels of influence on behavior. http://www.uspreventiveservicestaskforce.org/uspstf07/methods/tfmethods.htm • HP: Increase individuals' access to the Internet. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=18 • IOM: All health care organizations, professional groups, and private and public purchasers should pursue six major aims; specifically, health care should be safe, effective, patient-centered, timely, efficient, and equitable. http://books.nap.edu/openbook.php?record_id=10027&page=6 • IOM: HPEIs should be encouraged to affiliate with community-based health-care facilities in order to attract and train a more diverse and culturally competent workforce and to increase access to health care. http://www.nap.edu/openbook.php?record_id=10885&page=15 |

NPS Implementation Resources:

Key Indicators

| Key Indicator | Aligned HP2020 Objective | Data Source | Frequency of Data Collection | Baseline (Year) | 10-Year Target (Method) |
|--|--------------------------|--|--|-------------------|------------------------------------|
| TOBACCO FREE LIVING | | | | | |
| Proportion of adults who are current smokers (have smoked at least 100 cigarettes during their lifetime and report smoking every day or some days) | TU-1.1 | National Health Interview Survey, Centers for Disease Control and Prevention, National Center for Health Statistics | Annually | 20.6% (2008) | 12.0% (retention of HP2010 target) |
| Proportion of adolescents who smoked cigarettes in the past 30 days | TU-2.2 | Youth Risk Behavior Surveillance System, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion | Biennially | 19.5% (2009) | 16.0% (retention of HP2010 target) |
| Proportion of youth aged 3 to 11 years exposed to secondhand smoke | TU-11.1 | National Health and Nutrition Examination Survey, Centers for Disease Control and Prevention, National Center for Health Statistics | Annually, released in 2-year increments biennially | 52.2% (2005-2008) | 47.0% (10% improvement) |

Federal Implementation

- Provide coordination and ongoing leadership at the Federal level, and among all Federal departments
- Establish processes for continual public input
- Establish specific and measureable agency-specific actions to address recommendations
- Monitor and track federal actions
- Annual Status Report

Optimal Implementation

Communication

Alignment

Network & Capacity Building

Partner Engagement

Analysis and Research

Evaluation and Accountability

What's Next

- Execute and coordinate NPS actions across Council agencies
- Encourage partners to create and execute their own NPS action plans
- Monitor and track progress
- Share successes!

Thank you.

For more information go to:

<http://www.healthcare.gov/nationalpreventioncouncil>

Contact the National Prevention Council at:

prevention.council@hhs.gov